



12/8/03

Department of Social and Health Services
Washington Medicaid Integration Partnership

The Washington Medicaid Integration Partnership Project Team¹ has received approval from the legislature to implement the Medicaid Integration Partnership (WMIP) project during this biennium. The budget language² authorizes the Department of Social and Health Services (DSHS) to “develop an integrated health care program designed to slow the progression of illness and disability and better manage Medicaid expenditures for the aged and disabled population.” It limits daily program enrollment to 6000 clients during 2003- 2005, and mandates an evaluation of changes in cost, utilization, and client outcomes.

DSHS will contract with one or more health maintenance organization, health care service contractor or other organization, legally and financially able to assume risk under a capitated payment arrangement for medical, mental health, and chemical dependency treatment services. The initial implementation will be in Snohomish County.

Population to be Enrolled

The WMIP will serve the aged, blind and disabled population 21 years old and over, including Medicaid-only and those dually eligible for Medicare and Medicaid. Project enrollment will include up to 6000 clients. Client enrollment will be voluntary, but we will auto-enroll clients after education has been provided about how to disenroll. The WMIP demonstration will not include children under 21 years old, Healthy Options enrollees or TANF recipients.

Clients who are served by Aging and Disability Services Administration may voluntarily enroll in WMIP, although ADSA services will not be provided as part of the integrated benefit package. The WMIP contractor will be expected to coordinate long term care services with community case managers.

Management Component

The contractors must be able to:

- Obtain and maintain appropriate licensure by the Office of the Insurance Commissioner;
- Organize and manage an integrated, qualified provider network, including credentialing and monitoring of quality of care provided;
- Demonstrate adequate capacity and timely access to the broad range of Medicaid providers including primary and specialty care, certified chemical dependency treatment, and mental health providers licensed and certified by the Mental Health Division;

¹ Consisting of representatives from Medical Assistance Administration (MAA), Aging and Disabilities Services Administration (ADSA), Mental Health Division (MHD), Division of Alcohol and Substance Abuse (DASA), Research and Data Analysis (RDA), and the Secretary's Office

² ESSB 5404, Part II, Section 201.

- Provide customer service according to national standards, including education, outreach, health promotion, and translation;
- Adhere to quality management standards for handling complaints and appeals, utilization management, evaluating and improving processes and outcomes of care and service, including assessment of client satisfaction;
- Establish effective linkages between medical, long-term care, mental health and alcohol and drug abuse treatment services;
- Utilize information systems to achieve service coordination, quality and financial goals, as well as meet reporting requirements;
- Comply with federal, state and local regulations, including HIPAA requirements; and
- Access Medicare benefits, as appropriate, to minimize unnecessary Medicaid costs.

Service Delivery Component

WMIP will take advantage of the comprehensive Medicaid benefit package to deliver client-focused, holistic and seamless services. Managed care flexibility promotes cost-effective community-based care management. The selected partner will:

- Use risk screening for all enrollees and interdisciplinary assessment for high-risk clients;
- Involve clients in individualized care planning and coordinate with family members and caregivers, at the client's direction;
- Forge partnerships between medical, nursing, social work, and discharge planners;
- Use the chronic care model to link medical, pharmacy and community services;
- Use standards for preventive health and evidence-based treatment to guide care plan development and improve health outcomes;
- Cooperate with an independent evaluation of quality of care, health outcomes and financial impact of the project, and
- Use data systems that gather required information for analysis and evaluation, including client demographics and client tracking.

Medical services include: Primary care, prescription drugs and medication management, medical equipment; acute care hospital, medical specialty services, home health and hospice.

Mental Health Services include: Voluntary and involuntary inpatient (community-based and State Hospital) services and outpatient community-based services. It is expected that the contractor will provide the same service package as the Regional Support Network.

Chemical Dependency Services include: Detoxification, assessment and referral, and a continuum of inpatient (residential/rehabilitation) and outpatient community based services, including opiate substitution treatment, and support services.

Financial Component:

Categorical Medicaid funding streams will be integrated to support a monthly capitation payment. Medicaid funding for the WMIP Demonstration will come from the existing program budgets of MAA, MHD and DASA.

WMIP Timeline: See our website, <http://maa.dshs.wa.gov/MIP>